

**Memorandum**

Date MAY 15 1995

From June Gibbs Brown  
Inspector General *June Gibbs Brown*

Subject Refugee Assistance Programs Should Be Limited to  
Newly-Arrived and Needy Refugees (CIN: A-04-93-00062)

To Mary Jo Bane  
Assistant Secretary for  
Children and Families

The attached final report summarizes the results of our review of selected aspects of the Social Services (SS) and Targeted Assistance (TA) grants awarded by the Administration for Children and Families' (ACF) Office of Refugee Resettlement (ORR).

**OBJECTIVE**

The objective of our review was to determine through a review of refugee resettlement activities in Florida whether the efficiency and effectiveness of the SS and TA programs could be improved.

**SUMMARY OF FINDINGS**

Florida is heavily impacted by refugees and accordingly received over 23 percent of the ORR's budget for SS and TA. Many of the refugees who were provided grant services under the SS and TA programs in Florida had been in the United States of America (USA) more than 5 years and some were not financially needy. This is contrary to the purpose of the Refugee Resettlement Program which is to provide refugees effective resettlement and help them achieve economic self-sufficiency as quickly as possible.

Targeted Assistance is provided to help offset the impact on local costs associated with high concentrations of refugees. The Jackson Memorial Hospital (JMH) in Miami is the only hospital in the country receiving TA funding. This amounted to \$10 million in 1992. Current refugee program regulations do not limit time-eligibility for refugee social services and targeted assistance. As a result, about 95 percent of the claims paid under this grant were for refugees who had been in the USA for over 5 years. The grant to Florida limits the use of the funds to provide medical services to needy refugees only. About 16 percent of the claims were for refugees who had earnings which exceeded 133 percent of the Federal poverty level. This level of earnings would have rendered citizens in Florida ineligible for Medicaid.

Additionally, a statistical sample of refugees who had completed on-the-job training (OJT) at the only OJT provider in Florida showed that in Calendar Year 1992, 40 percent of the refugees had been in the country over 3 years.

A study<sup>1</sup> commissioned by ORR has shown that after the refugees' initial years in the country, the effect of services on the achievement of economic self-sufficiency diminishes significantly. The study found that the longer a refugee remains out of the labor force, the less likely the refugee is to begin to search for a job or find a job in a subsequent year. The most significant move into the labor force occurs in the first and second years, followed by a steady decline in the probability of entering the labor force for those who delayed their initial job search. Accordingly, ACF should limit the time period for refugee participation in SS/TA and ensure that Florida limits TA funded medical assistance provided by JMH to needy refugees. Implementation of these measures would result in an estimated annual savings of \$9.1 million.

In written comments to our draft report, ACF officials generally agreed with our findings and recommendations. The ACF's comments are summarized in the Detailed Results of Review section of this report. The complete text of the ACF's comments is included in Appendix C.

We would appreciate receiving a written response on any further actions taken with regard to this report within the next 60 days. Should you wish to discuss this report, please call me or have your staff contact John A. Ferris, Assistant Inspector General for Administrations of Children, Family, and Aging Audits at (202) 619-1175.

Attachment

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<sup>1</sup>"Progress Toward Economic Self-Sufficiency Among Southeast Asian Refugees," Dr. Robert L. Bach and Rita Argiros, July 1989.

**Department of Health and Human Services**

**OFFICE OF  
INSPECTOR GENERAL**

**REFUGEE ASSISTANCE PROGRAMS  
SHOULD BE LIMITED TO  
NEWLY-ARRIVED AND NEEDY REFUGEES**



**JUNE GIBBS BROWN  
Inspector General**

**MAY 1995  
A-04-93-00062**



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

# Memorandum

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Inspector General

Subject Refugee Assistance Programs Should Be Limited to  
Newly-Arrived and Needy Refugees (CIN: A-04-93-00062)

To Mary Jo Bane  
Assistant Secretary for  
Children and Families

This report provides you with the results of our review of selected aspects of the Social Services (SS) and Targeted Assistance (TA) grants awarded by the Administration for Children and Families' (ACF) Office of Refugee Resettlement (ORR).

## OBJECTIVE

The objective of our review was to determine through a review of refugee resettlement activities in Florida whether the efficiency and effectiveness of the SS and TA programs could be improved.

## SUMMARY OF FINDINGS

Florida is heavily impacted by refugees and accordingly received over 23 percent of the ORR's budget for SS and TA. Many of the refugees who were provided grant services under the SS and TA programs in Florida had been in the United States of America (USA) more than 5 years and some were not financially needy. This is contrary to the purpose of the Refugee Resettlement Program (RRP) which is to provide refugees effective resettlement and help them achieve economic self-sufficiency as quickly as possible.

Targeted Assistance is provided to help offset the impact on local costs associated with high concentrations of refugees. The Jackson Memorial Hospital (JMH) in Miami is the only hospital in the country receiving TA funding. This amounted to \$10 million in 1992. Current refugee program regulations do not limit time-eligibility for refugee social services and targeted assistance. As a result, about 95 percent of the claims paid under this grant were for refugees who had been in the USA for over 5 years. The grant to Florida limits the use of the funds to provide medical services to needy refugees only. About 16 percent of the claims were for refugees who had earnings which exceeded 133 percent of the Federal poverty level. This level of earnings would have rendered citizens in Florida ineligible for Medicaid.

Additionally, a statistical sample of refugees who had completed on-the-job training (OJT) at the only OJT provider in Florida showed that in Calendar Year (CY) 1992, 40 percent of the refugees had been in the country over 3 years.

A study<sup>1</sup> commissioned by ORR has shown that after the refugees' initial years in the country, the effect of services on the achievement of economic self-sufficiency diminishes significantly. The study found that the longer a refugee remains out of the labor force, the less likely the refugee is to begin to search for a job or find a job in a subsequent year. The most significant move into the labor force occurs in the first and second years, followed by a steady decline in the probability of entering the labor force for those who delayed their initial job search.

Accordingly, ACF should limit the time period for refugee participation in SS/TA and ensure that Florida limits TA funded medical assistance provided by JMH to needy refugees. Implementation of these measures would result in an estimated annual savings of \$9.1 million.

In written comments to our draft report, ACF officials generally agreed with our findings and recommendations. The ACF's comments are summarized in the Detailed Results of Review section of this report. The complete text of the ACF's comments is included in Appendix C.

## **BACKGROUND**

In the last 10 years, about 1 million of the more than 7 million immigrants entering the USA were granted refugee status. By obtaining refugee status, individuals may be eligible to receive resettlement assistance. To facilitate refugee resettlements, the Congress passed the Refugee Act of 1980 (Section 413(a) of the Immigration and Nationality Act) which created the RRP. The ORR within the ACF funds and administers the program.

The Congress established the SS and TA grant programs to help refugees achieve self-sufficiency. In 1992, Florida received over 23 percent of the \$111 million the ORR awarded for SS and TA grants.

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<sup>1</sup>"Progress Toward Economic Self-Sufficiency Among Southeast Asian Refugees," Dr. Robert L. Bach and Rita Argiros, July 1989.

► **Social Services**

The ORR awards grants to, and contracts with, States and public or private nonprofit agencies for projects specifically designed to help refugees in obtaining the skills necessary for economic self-sufficiency. These projects include job training, employment services, day care, English language training, and mental health services.

► **Targeted Assistance**

The ORR awards grants to States for assistance to counties and similar areas where unusually large refugee populations and high use of public assistance demonstrate a specific need for supplementation of available resources.

The purpose of TA is to facilitate refugee employment and achievement of self-sufficiency in a way that does not supplant other refugee program funds. Additionally, Congress designates some TA funds specifically for health care services provided by JMH in Miami, Florida and for educational services provided by the public school system in Dade County, Florida.

Grant funds are awarded to various providers of services including State and local government agencies, voluntary agencies and mutual assistance associations. Florida submits an application of ACF to obtain TA grant funds for JMH. Once the grant is received, Florida retains a 5 percent administrative fee and disburses the remainder of the grant funds to JMH via contract. Although direct oversight for expenditures incurred by local governments and private agencies primarily rests with State governments, overall responsibility for the management and oversight of refugee program activities rests with the ORR.

**SCOPE**

The objective of our review was to determine through a review of refugee resettlement activities in Florida whether the efficiency and effectiveness of the SS and TA programs could be improved.

We selected two statistical samples. One sample consisted of claims Florida paid for health care services at JMH between October 1, 1991 and September 30, 1992. The universe contained 1,614 claims for inpatient services totaling \$7,466,520.69 and 7,960 claims for outpatient services totaling \$2,428,862.76 (Appendix A).

The other sample consisted of refugees placed in jobs through the South Florida Employment and Training Consortium (SFETC) between January 1, 1992 and December 31, 1992. The universe consisted of 741 refugees - 598 refugees placed under TA and 143 refugees placed under SS (Appendix B).

We interviewed the ORR Headquarters staff responsible for monitoring Florida. We also interviewed personnel in the ACF's Office of Financial Management to obtain an understanding of the accounting system relative to grant awards.

Our audit was conducted in accordance with generally accepted government auditing standards. Field work for this audit was performed between September 1994 and December 1994.

## **DETAILED RESULTS OF REVIEW**

### ***FOCUS THE PROGRAM ON REFUGEES WHO HAVE BEEN IN USA FOR A LIMITED TIME AND ARE NEEDY***

The limited SS/TA funds available for refugee services were not always used to service newly arrived and needy refugees. According to the Refugee Act of 1980, the purpose of the RRP is to provide refugees effective resettlement and to help them to achieve economic self-sufficiency as quickly as possible. Many of the refugees provided grant services under the SS and TA programs had been in the USA more than 5 years and some were not financially needy. This is contrary to the purpose of the RRP which is to provide refugees effective resettlement and help them achieve economic self sufficiency as soon as possible. The ACF should limit the time period for refugee participation in SS/TA and ensure that Florida limits TA funded medical assistance provided by JMH to refugees who meet a recognized standard of need, such as that established for the Medicaid program. Implementation of these measures would result in an estimated annual savings of \$9.1 million.

### ***Newly Arriving Refugees***

A study commissioned by ORR has shown that after the refugees' initial years in the country, the effect of services on the achievement of economic self-sufficiency diminishes significantly. The study, "*Progress Toward Economic Self-Sufficiency Among Southeast Asian Refugees*," underlined the importance of service intervention in the first few years. We believe several findings of this study are applicable to refugees in general. The study found that the longer a refugee remains out of the labor force, the less likely the refugee is to begin to search for a job or find a job in a subsequent year. The most significant move into the labor force occurs in the first and second years, followed by a steady decline in the probability of entering the labor force for those who delayed their initial job

search. Thus, comprehensive services should be provided to refugees during their first few years of resettlement in order to provide new refugees with the best foundation for economic independence.

The SS and TA programs do not limit the use of funds to refugees who are newly arriving. We found that **health services** and **employment services** were provided to refugees who had established long-term residence in the USA.

### Health Services

Under the \$10 million TA grant awarded to Florida for use by JMH in 1991, health care services were expended primarily on refugees who had been in the USA for over 10 years. For a statistical sample of 200 of the 9,574 claims paid in Fiscal Year (FY) 1992, we obtained dates of entry from the Immigration and Naturalization Services for the refugees who received the services. The average length of time in the USA for refugees receiving services was 12 years. About 95 percent of the claims paid under the grant were for refugees who had been in the USA over 5 years.

<u>Years in USA</u>	<u>Number of Claims in Sample</u>	<u>Projected Percentage of Claims</u>
Less than 5	12	5%
5 to 10	31	18%
10 to 15	115	52%
15 to 20	22	14%
More than 20	20	11%

For those refugees in our sample who had been in the USA over 5 years, \$440,261 in hospital charges were paid by the refugee program. Had ORR limited program participation to refugees' first 5 years in the USA, we estimate annual savings at Jackson Memorial of \$9,091,909 in hospital costs (See Appendix A).

### Employment Services

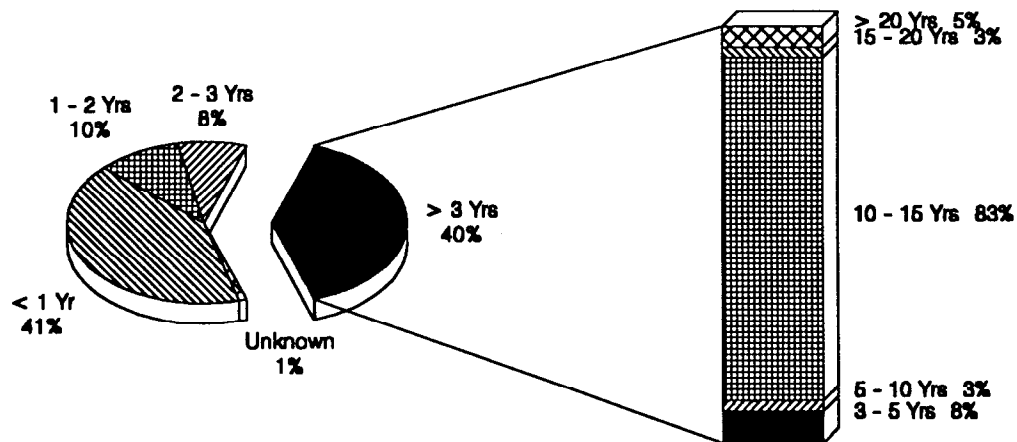
Florida contracts with service providers for OJT and job placement services. The SFETC was the only provider of OJT in Florida. In



CY 1992, Florida used Federal FY 1991 SS and TA funds to award SFETC 2 contracts totaling \$2.4 million.

Our statistical sample showed that in CY 1992, 40 percent of the refugees who had completed OJT had been in the country over 3 years.

## TIME IN U.S. OJT PARTICIPANTS



The SFETC served refugees who had been in the USA as long as 30 years. The refugees in our SFETC sample had been in the USA for an average of 5½ years.<sup>2</sup>

<sup>2</sup> The percentages in the graph total over 100% due to rounding.

### ***Needy Refugees***

Florida's TA grant application approved by ACF and the contract with JMH limit eligibility for services to needy refugees. However, we found that Florida provided health services to refugees earning in excess of the Medicaid standard of need.

Although JMH has a policy requiring the application of a standard of need test, refugees were not charged for services regardless of income. Refugees whose earnings exceeded 133 percent of Federal poverty guidelines received health care services paid for by refugee TA grant funds. Florida uses 133 percent as the standard of need for Medicaid eligibility. Accordingly, a citizen with earnings exceeding 133 percent of the Federal poverty guidelines would be ineligible for health care paid for by Medicaid.

Our sample of 200 claims paid on behalf of refugees receiving health care services under the TA program revealed that 28 of the claims were for refugees who earned over 133 percent of the Federal poverty guidelines. In our sample, we found \$44,049 in hospital charges expended on refugees with income in excess of 133 percent of the Federal poverty guidelines. Based on our sample of 200 claims, we estimate \$1,216,173 in annual savings at Jackson Memorial if Florida were to administer the JMH contract as specified in the ORR grant and ensure that only those refugees meeting the standard of need for Medicaid eligibility receive services paid for through the TA grant.

### **RECOMMENDATIONS**

To better focus the refugee program to meet the needs of more newly arriving refugees, we recommend that ACF:

- o limit the time period for refugees' participation in SS/TA, and
- o ensure that Florida enforces limits on TA funded medical assistance provided by JMH to needy refugees who have been in the USA for a reasonable period of time.

We estimate that implementation of these recommendations would save about \$9.1 million annually.

### **ACF Comments**

In written comments to our draft report, ACF advised us that ORR is in the process of issuing final regulations that would limit time-eligibility for refugee social services and targeted assistance to a refugee's first 5 years in the USA.

The ACF stated that the JMH grant application contains a restriction that services must be limited to refugees and entrants whose incomes do not exceed the Medicaid need standard. According to ACF, this restriction is incorporated into the JMH grant and will continue to be incorporated in any future grants to JMH.

The ACF also stated that once the ORR final regulation is published, they plan to add as a condition in future grants to JMH that services must be limited to refugees and entrants who have been in the U.S. for 5 years or less.

#### **OIG Response**

Florida's 1992 TA grant application to ACF does contain an assurance that JMH will use the same standard of need (the Medicaid need standard) for serving refugees as would be applicable to other indigent Americans or residents of Dade County who receive cost-free services through JMH. Since JMH expended about \$1.2 million of TA funds for refugees who earned over 133 percent of the Federal poverty guidelines, it is apparent that Florida has not enforced this restriction and JMH has not adhered to the limitation. Through ACF's oversight responsibility, they should ensure that Florida is monitoring whether JMH is enforcing means testing.

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Please advise us regarding any further actions taken on our findings and recommendations within the next 60 days. If you have any questions, please call me or have your staff contact John A. Ferris, Assistant Inspector General for Administrations of Children, Family and Aging Audits.

**REVIEW OF SOCIAL SERVICES AND TARGETED ASSISTANCE GRANTS  
AWARDED BY THE ADMINISTRATION FOR CHILDREN AND FAMILIES'  
OFFICE OF REFUGEE RESETTLEMENT  
JACKSON MEMORIAL SAMPLE**

**POPULATION**

The universe consisted of claims for health care services billed by Jackson Memorial Hospital (JMH) and paid for under contract number KNX-08 between October 1, 1991 through September 30, 1992. The JMH's computer printout listed 1,614 claims for inpatient services totaling \$7,466,520.69 and 7,960 claims for outpatient services totaling \$2,428,862.76.

**SAMPLING FRAME**

The JMH provided a computer printout that identified health care services provided during the audit period and charged to the contract. Each claim on the file showed the account number, patient's name, insurance code, per diem days or number of visits, per diem amount and dates of service.

**SAMPLING UNIT**

The sampling unit is a paid claim.

**SAMPLING DESIGN AND SIZE**

A stratified random sample was used. We selected 100 inpatient claims and 100 outpatient claims. Stratification was desirable because there is a large variance in the dollar value of inpatient claims and outpatient claims.

**SOURCE OF RANDOM NUMBERS**

Random numbers were generated by the Region IV Statistical Specialist using the Department of Health and Human Services (HHS) Office of Inspector General (OIG) Office of Audit Services (OAS) Random Number Generator.

**REVIEW OF SOCIAL SERVICES AND TARGETED ASSISTANCE GRANTS  
AWARDED BY THE ADMINISTRATION FOR CHILDREN AND FAMILIES'  
OFFICE OF REFUGEE RESETTLEMENT  
JACKSON MEMORIAL SAMPLE**

**METHOD OF SELECTING SAMPLE ITEMS**

The claims on the computer printout were numbered sequentially. Inpatient and outpatient claims were numbered as separate strata. Random numbers were generated for each stratum based on the sequential numbers in that stratum.

**APPRAISAL OF SAMPLE RESULTS**

We used our sample to project the occurrence of certain types of errors. The results of these projections are presented below. The results presented are at the 90 percent confidence level.

**Cost of Health Care Services Provided to Refugees in USA for More than 5 Years:**

Value Identified in Sample	\$440,261
Point Estimate	\$9,091,909
Lower Limit	\$8,023,527
Upper Limit	\$10,160,290

**Cost of Health Care Services Provided to Refugees Whose Earnings Exceeded 133  
Percent of Federal Poverty Guidelines:**

Value Identified in Sample	\$44,049
Point Estimate	\$1,216,173
Lower Limit	\$748,560
Upper Limit	\$1,683,786

**Percentage of Claims Paid for Refugees Whose Earnings Exceeded 133  
Percent of Federal Poverty Guidelines:**

Quantity Identified in Sample	28
Point Estimate	16%
Lower Limit	11%
Upper Limit	21%

**REVIEW OF SOCIAL SERVICES AND TARGETED ASSISTANCE GRANTS  
AWARDED BY THE ADMINISTRATION FOR CHILDREN AND FAMILIES'  
OFFICE OF REFUGEE RESETTLEMENT  
JACKSON MEMORIAL SAMPLE**

**Percentage of Claims Paid for Refugees in USA for More than 20 Years:**

Quantity Identified in Sample	20
Point Estimate	11%
Lower Limit	6%
Upper Limit	15%

**Percentage of Claims Paid for Refugees in USA for 15 to 20 Years:**

Quantity Identified in Sample	22
Point Estimate	14%
Lower Limit	9%
Upper Limit	19%

**Percentage of Claims Paid for Refugees in USA for 10 to 15 Years:**

Quantity Identified in Sample	115
Point Estimate	52%
Lower Limit	45%
Upper Limit	59%

**Percentage of Claims Paid for Refugees in USA for 5 to 10 Years:**

Quantity Identified in Sample	31
Point Estimate	18%
Lower Limit	13%
Upper Limit	24%

**Percentage of Claims Paid for Refugees in USA for More than 5 Years:**

Quantity Identified in Sample	188
Point Estimate	95%
Lower Limit	92%
Upper Limit	98%

**REVIEW OF SOCIAL SERVICES AND TARGETED ASSISTANCE GRANTS  
AWARDED BY THE ADMINISTRATION FOR CHILDREN AND FAMILIES'  
OFFICE OF REFUGEE RESETTLEMENT  
JACKSON MEMORIAL SAMPLE**

**Percentage of Claims Paid for Refugees in USA for Less than 5 Years:**

Quantity Identified in Sample	12
Point Estimate	5%
Lower Limit	2%
Upper Limit	8%

**REVIEW OF SOCIAL SERVICES AND TARGETED ASSISTANCE GRANTS  
AWARDED BY THE ADMINISTRATION FOR CHILDREN AND FAMILIES'  
OFFICE OF REFUGEE RESETTLEMENT  
SOUTH FLORIDA EMPLOYMENT AND TRAINING CONSORTIUM SAMPLE**

**POPULATION**

The universe consisted of refugees placed in jobs through the SFETC under contract number KJX-12 between January 1, 1992 and December 31, 1992. The SFETC printout listed 598 refugees placed under TA and 143 refugees placed under SS for a total of 741 refugees.

**SAMPLING FRAME**

The SFETC provided two computer printouts (one for TA and one for SS) that identified refugees who were placed in jobs between January 1, 1992 and December 31, 1992. The printouts showed each refugee's name, social security number, start date for on-the-job training, and start date for employment.

**SAMPLING UNIT**

The sampling unit is a refugee.

**SAMPLING DESIGN AND SIZE**

A simple random sample was used. We selected 100 refugees.

**SOURCE OF RANDOM NUMBERS**

Random numbers were generated by the Region IV Statistical Specialist using the HHS OIG OAS Random Number Generator.

**METHOD OF SELECTING SAMPLE ITEMS**

The two computer printouts were treated as one universe and the refugees were numbered sequentially. Random numbers were generated based on the sequential numbers in the universe.



**REVIEW OF SOCIAL SERVICES AND TARGETED ASSISTANCE GRANTS  
AWARDED BY THE ADMINISTRATION FOR CHILDREN AND FAMILIES'  
OFFICE OF REFUGEE RESETTLEMENT  
SOUTH FLORIDA EMPLOYMENT AND TRAINING CONSORTIUM SAMPLE**

**APPRAISAL OF SAMPLE RESULTS**

We used our sample to project the occurrence of certain types of errors. The results of these projections are presented below. The results presented are at the 90 percent confidence level.

**Percentage of Refugees in USA for Less than 1 Year:**

Quantity Identified in Sample	41
Point Estimate	41.000%
Lower Limit	33.198%
Upper Limit	49.258%

**Percentage of Refugees in USA for 1 to 2 Years:**

Quantity Identified in Sample	10
Point Estimate	10.000%
Lower Limit	5.668%
Upper Limit	16.059%

**Percentage of Refugees in USA for 2 to 3 Years:**

Quantity Identified in Sample	8
Point Estimate	8.000%
Lower Limit	4.184%
Upper Limit	13.630%

**REVIEW OF SOCIAL SERVICES AND TARGETED ASSISTANCE GRANTS  
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OFFICE OF REFUGEE RESETTLEMENT  
SOUTH FLORIDA EMPLOYMENT AND TRAINING CONSORTIUM SAMPLE**

**Percentage of Refugees in USA for Over 3 Years:**

Quantity Identified in Sample	40
Point Estimate	40.000%
Lower Limit	32.254%
Upper Limit	48.178%



IG ☒  
 DEPARTMENT OF HEALTH & HUMAN SERVICES ☒

PDIG ☒DIG-AS ☒DIG-EI ☐DIG-OI ☐AIG-CFAA ☐AIG-MP ☐OGC/IG ☒EXSEC ☒

DATE SENT 3/14

## ADMINISTRATION FOR CHILDREN AND FAMILIES

Office of the Assistant Secretary, Suite 600

370 L'Enfant Promenade, S.W.

Washington, D.C. 20447

March 13, 1995

TO: June Gibbs Brown OGC/IG  
 Inspector General EXSEC

FROM: Mary Jo Bane  
 Assistant Secretary *MJB*  
 for Children and Families

SUBJECT: Response to OIG Draft Report: "Refugee Assistance  
 Programs Should Be Limited To Newly-Arrived and Needy  
 Refugees" (CIN: A-04-93-00062)

RECEIVED  
 1995 MAR 14 P 2:45  
 OFFICE OF INSPECTOR  
 GENERAL

This is in response to your request for comments on a draft report regarding results of a recent OIG review of selected aspects of the refugee social services and targeted assistance programs in the State of Florida. We appreciate the opportunity to review the report. We offer the following comments for your consideration:

1. Your findings indicate that many of the refugees served by the refugee social service and targeted assistance programs in Florida had been in the United States for more than 5 years and some were not financially needy. In particular, 95% of the claims paid under the grant to Jackson Memorial Hospital (JMH) were for refugees who had been in the U.S. for over 5 years and approximately 16% of the claims were for refugees with earnings which exceeded 133% of the Federal poverty level.

Your findings also indicate that 40% of the refugees who had completed on-the-job training had been in the U.S. over 3 years.

Comment

It is important to note that current refugee program regulations do not limit time-eligibility for refugee social services. Further, until this year the Congressional report language governing this earmark referred specifically to the Mariel boatlift, an event that occurred fifteen years ago. Refugees in need of services may apply for services regardless of length of residence in the U.S. as long as they are not yet U.S. citizens.

Targeted assistance program requirements are addressed in the Office of Refugee Resettlement's (ORR) annual notice of targeted assistance allocations and are not currently included in refugee program regulations. As with

social services, refugees are eligible for targeted assistance services regardless of time in the U.S.

We recommend that the report clarify that the State of Florida and JMH are not in violation of current requirements by serving refugees who have been in the U.S. for an extended period of time.

2. The report recommends that the Administration for Children and Families (ACF) limit the time period for refugee participation in refugee social services and targeted assistance services.

Comment

The recommendation is well-taken. As noted in the report, the Office of Refugee Resettlement is in the process of issuing final regulations that would limit time-eligibility for refugee social services and targeted assistance to a refugee's first 5 years in the U.S. We agree with the OIG that the program's goals would be better served if refugee social services and targeted assistance resources were focused on more recent refugee arrivals to assist these refugees to become employed and self-sufficient as soon as possible after arrival in the U.S.

3. The report recommends that ACF limit targeted assistance-funded medical assistance provided by Jackson Memorial Hospital to needy refugees for a reasonable period of time.

The report also indicates that ORR staff agreed to initiate a regulatory change to restrict participation in the Jackson Memorial targeted assistance grant to refugees who meet Medicaid need standards for income and resources.

Comment

We agree that medical assistance provided by JMH should be limited to financially needy refugees for a reasonable period of time. For this reason, the grant to Jackson Memorial Hospital incorporates a restriction to financially needy refugees and entrants that is found in the JMH grant application. This restriction, that services must be limited to refugees and entrants whose incomes do not exceed the Medicaid need standard, will continue to be incorporated in any future grants to JMH.

In addition, once the ORR final regulation is published, we plan to add as a condition in future grants to JMH that services must be limited to refugees and entrants who have been in the U.S. for 5 years or less.

We wish to clarify that ORR did not agree to initiate a regulatory change to address these issues regarding Jackson Memorial Hospital. The issues regarding JMH are best addressed through terms and conditions to the JMH grant, not through regulations. Refugee program regulations establish requirements for the State-administered program only. Jackson Memorial Hospital is awarded funds through a discretionary grant and thus would not be an appropriate subject for inclusion in ORR regulations. We recommend that the OIG revise the sentence to read: "The ORR staff also agreed to include terms and conditions in future JMH grants to restrict participation in the Jackson Memorial TA grant to refugees who meet the Medicaid need standard for income and resources and who have resided in the U.S. for 5 years or less."

4. The report states that since Florida does not limit the use of refugee social services and targeted assistance funds to refugees who are needy, this delays or denies more needy refugees in other States the opportunity to become economically self-sufficient.

Comment

We recommend that the OIG delete this statement from the report because it is inaccurate. How Florida spends its funds has no effect on what happens to refugees in other States.

The report's findings corroborate our concern that limits on time-eligibility for services are very much needed to ensure that newer arrivals are given priority.

We appreciate the efforts of the OIG staff in conducting this review.